

Pediatric Trauma Resuscitation Checklist



★ Pre-arrival

- | | | |
|---|--|---|
| <input type="checkbox"/> Introductions & confirm team roles | <input type="checkbox"/> Trauma blood available | Other Equipment
<input type="checkbox"/> Prepare intubation equipment
<input type="checkbox"/> MTP prep <20kg or >20kg
<input type="checkbox"/> Aspen collar
<input type="checkbox"/> Patient stickers |
| <input type="checkbox"/> PPE | <input type="checkbox"/> Notify radiology | |
| <input type="checkbox"/> Brief team on patient | <input type="checkbox"/> Notify specialty service(s) | |
| <input type="checkbox"/> Estimated weight: _____ kg | <input type="checkbox"/> Notify pharmacy | |
| <input type="checkbox"/> Manual blood pressure cuff | <input type="checkbox"/> Appropriate equipment size | |

1 Primary Survey

- | | |
|---------------|---|
| A | <input type="checkbox"/> Confirm airway is protected |
| | <input type="checkbox"/> Confirm C-spine is properly immobilized (manually or with collar) |
| | If intubating: <input type="checkbox"/> N/A |
| | <input type="checkbox"/> GCS assessed before giving RSI medications |
| | <input type="checkbox"/> Report ETT size and depth |
| B | <input type="checkbox"/> Confirm EtCO2 reading on monitor |
| | <input type="checkbox"/> Order chest x-ray to confirm ETT placement |
| | <input type="checkbox"/> Confirm O2 delivery |
| C | <input type="checkbox"/> Check distal pulses (then central, if needed) |
| | <input type="checkbox"/> Confirm IV/IO access |
| | <input type="checkbox"/> Consider 2nd IV/IO |
| D | <input type="checkbox"/> Consider fluid bolus (NS/LR) or blood <input type="checkbox"/> N/A |
| | <input type="checkbox"/> State GCS (eyes, verbal, motor) |
| E | <input type="checkbox"/> State pupil size and response |
| | <input type="checkbox"/> Completely remove patient's clothing |
| VITALS | <input type="checkbox"/> Check temperature |
| | <input type="checkbox"/> Cover patient with warm blanket |
| | State and evaluate whether logical and WNL for age: |
| PAUSE | <input type="checkbox"/> Respiratory rate |
| | <input type="checkbox"/> Oxygen saturation |
| PAUSE | <input type="checkbox"/> Heart rate (with good waveform) |
| | <input type="checkbox"/> Manual blood pressure |
| PAUSE | <input type="checkbox"/> Direct team to complete any unchecked items |
| | <input type="checkbox"/> "Is everyone comfortable moving on to the secondary survey?" |

2 Secondary Survey

- Evaluate and state findings:**
- ☐ Head
 - ☐ Ears
 - ☐ Ocular/periorbital integrity
 - ☐ Facial bones
 - ☐ Nose
 - ☐ Mouth
 - ☐ Neck
 - ☐ Chest
 - ☐ Abdomen
 - ☐ Pelvis
 - ☐ Lower extremities
 - ☐ Upper extremities
 - ☐ C-spine exam
 - ☐ Log roll, exam back and rectum
- PAUSE**
- ☐ Direct team to complete any unchecked items
 - ☐ Summarize findings and brief team on plan of care
 - ☐ "Does anyone have any other concerns?"

3 Prepare for Travel

- | | | |
|--------------|--|---------------------------------|
| A | <input type="checkbox"/> ETT secure | <input type="checkbox"/> Yes!@3 |
| | <input type="checkbox"/> Airway supplies (suction, BVM) | <input type="checkbox"/> Yes |
| B | <input type="checkbox"/> O2 in place/ tank full | <input type="checkbox"/> Yes |
| C | <input type="checkbox"/> Monitors & Zoll PRN | <input type="checkbox"/> Yes |
| | <input type="checkbox"/> Adequate access | <input type="checkbox"/> Yes |
| D | <input type="checkbox"/> MTP (Notify blood bank of location) | <input type="checkbox"/> Yes!@3 |
| | <input type="checkbox"/> C-collar secure/ correct size | <input type="checkbox"/> Yes!@3 |
| E | <input type="checkbox"/> Full set of vitals (include temp) | <input type="checkbox"/> Yes |
| OTHER | <input type="checkbox"/> Transport MEDS: | <input type="checkbox"/> Yes |
| | <input type="checkbox"/> Is this patient at risk for retained foreign body | <input type="checkbox"/> Yes/NA |
| | <input type="checkbox"/> Chest tube transfer kit | <input type="checkbox"/> Yes |